

1.1 moves to amend H.F. No. 4841 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. **[144.5911] HOSPITAL STABILIZATION PROGRAM.**

1.4 Subdivision 1. **Establishment.** The commissioner of health must establish a hospital
1.5 stabilization program to provide financial relief to hospitals that experience financial distress
1.6 and a disproportionate level of uncompensated care.

1.7 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
1.8 meanings given.

1.9 (b) "Commissioner" means the commissioner of health.

1.10 (c) "Qualifying hospital" means a hospital:

1.11 (1) licensed under section 144.50;

1.12 (2) located within the state;

1.13 (3) that has filed a Medicare cost report in the Healthcare Cost Report Information
1.14 System; and

1.15 (4) that meets the following criteria:

1.16 (i) critical access hospital or rural emergency hospital; or

1.17 (ii) Medicaid disproportionate share hospital with less than 75 days of cash on hand.

1.18 (d) "Qualifying uncompensated episode of care" means the provision by a qualifying
1.19 hospital of one or more services that are covered under medical assistance to an individual
1.20 during a single patient encounter or episode of care when the:

1.21 (1) individual is not enrolled in medical assistance, MinnesotaCare, or Medicare and
1.22 does not have other health coverage;

2.1 (2) individual is determined to be ineligible for medical assistance and MinnesotaCare
2.2 for the date of service following any retroactive eligibility determination; and

2.3 (3) total cumulative reimbursement amount for the services provided, if paid under
2.4 medical assistance payment methodologies using a cost to charge methodology as defined
2.5 in the Minnesota Health Care Cost Information System, would be at least \$2,000 but not
2.6 more than \$50,000.

2.7 Subd. 3. **Application for payments.** (a) A qualifying hospital seeking payment under
2.8 this section must submit to the commissioner documentation identifying qualifying
2.9 uncompensated episodes of care within a reporting period.

2.10 (b) The reporting periods are:

2.11 (1) January 1 through June 30; and

2.12 (2) July 1 through December 31.

2.13 (c) The initial reporting period begins January 1, 2026.

2.14 (d) For services provided during the January 1 through June 30 reporting period, a
2.15 qualifying hospital must submit the required documentation to the commissioner by
2.16 September 15 of the same calendar year.

2.17 (e) For services provided during the July 1 through December 31 reporting period, a
2.18 qualifying hospital must submit the required documentation to the commissioner by March
2.19 15 of the next calendar year.

2.20 (f) Qualifying hospitals must submit documentation in a form and manner specified by
2.21 the commissioner and must provide supporting documentation as requested by the
2.22 commissioner.

2.23 Subd. 4. **Calculation of payments.** (a) For each reporting period, the commissioner
2.24 must determine each qualifying hospital's share of the total value of qualifying
2.25 uncompensated episodes of care submitted under subdivision 3.

2.26 (b) The commissioner must distribute payments proportionally based on each qualifying
2.27 hospital's share of the statewide total among qualifying hospitals.

2.28 (c) A qualifying hospital must not receive more than ten percent of the money available
2.29 for a reporting period.

2.30 (d) If money remains after the payment limitation in paragraph (c), the commissioner
2.31 must redistribute the remaining money among qualifying hospitals that have not reached

3.1 the limit in paragraph (c) in proportion to their share of the value of qualifying
3.2 uncompensated episodes of care.

3.3 (e) The commissioner may establish procedures to reconcile adjustments, corrected
3.4 claims, or late submissions in a subsequent reporting period.

3.5 Subd. 5. **Distribution of payments.** (a) One half of the annual appropriation for this
3.6 program must be allocated to each reporting period.

3.7 (b) For the January 1 through June 30 reporting period, the commissioner must distribute
3.8 payments no later than November 15 of the same calendar year.

3.9 (c) For the July 1 through December 31 reporting period, the commissioner must
3.10 distribute payments no later than May 15 of the next calendar year.

3.11 Subd. 6. **Reporting requirements.** (a) A qualifying hospital receiving payment under
3.12 this section must submit to the commissioner any information necessary to evaluate the
3.13 appropriate use of funds. Such information must include, at minimum, by June 30, 2027, a
3.14 detailed analysis of how the funds were used to preserve regional and local access to essential
3.15 health care services, including emergency care, inpatient hospital care, maternal care and
3.16 obstetrical services, behavioral and mental health care, and primary care and clinic services.

3.17 (b) A qualifying hospital receiving payment under this section must submit to the
3.18 commissioner, by June 30, 2027, an organizational chart presenting the identities of and
3.19 interrelationships among affiliated entities within the hospital system. No subsidiary of an
3.20 entity specified on the chart need be shown if the equity or membership interest of the
3.21 subsidiary held by the entity is less than ten percent of the subsidiary. As to each entity
3.22 specified in the chart, the qualifying hospital must indicate the type of organization and the
3.23 state of domicile.

3.24 (c) Upon receipt of notice by a qualifying hospital receiving payment under this section
3.25 submitted pursuant to section 144.555, the commissioner must provide notice of the hospital's
3.26 planned actions and documentation of the amount of any payment distributed to the hospital
3.27 under this section to:

3.28 (1) the chairs and ranking minority members of the legislative committees with
3.29 jurisdiction over health and human services finance and policy; and

3.30 (2) the majority and minority leaders of the senate and house of representatives.

3.31 (d) The commissioner must determine the reporting requirement for payments under
3.32 this section in addition to those reporting requirements under section 16B.98, subdivision
3.33 12.

4.1 Subd. 7. **Prohibited uses.** Funds received under this section must not be used to:

4.2 (1) supplant any other funding sources; or

4.3 (2) increase the salary, benefits, or other discretionary payment to an officer, director,
4.4 manager, or any other executive.

4.5 Sec. 2. Minnesota Statutes 2024, section 383B.903, subdivision 1, is amended to read:

4.6 Subdivision 1. **Governance.** The corporation shall be governed by a board of directors
4.7 ~~consisting that consists~~ of between 11 and 15 directors and that includes members with the
4.8 professional training and expertise needed to govern a health system and safety net hospital.
4.9 Two of the directors on the board of the corporation must be county commissioners currently
4.10 serving as elected officials on the county board who are chosen and may be removed by a
4.11 majority vote of the county board.

4.12 Sec. 3. Minnesota Statutes 2024, section 383B.903, subdivision 4, is amended to read:

4.13 Subd. 4. **Qualifications.** Members of the board ~~shall~~ must possess a high degree of
4.14 experience and knowledge in ~~relevant~~ fields needed to govern a health system and safety
4.15 net hospital and must possess a high degree of interest in the corporation and support for
4.16 its mission. Members shall be appointed based in part on the objective of ensuring that the
4.17 corporation includes diverse and beneficial perspectives and experience including, but not
4.18 limited to, those of medical or other health professionals. At least 75 percent of the board's
4.19 noncounty commissioner members must have expertise in hospital administration, finance,
4.20 business management, law, or health equity, or have other experience relevant to the
4.21 administration of a health system and safety net hospital, with a preference for members
4.22 with experience working in an urban setting with diverse cultural communities. Up to 25
4.23 percent of the board's noncounty commissioner members must represent urban, cultural,
4.24 and ethnic perspectives of the population served by the corporation, business management,
4.25 law, finance, health sector employees, public health, serving the uninsured, health
4.26 professional training, and the patient or consumer perspective. The corporation shall provide
4.27 a public announcement of vacancies on the board of the corporation in the manner normally
4.28 used by Hennepin County to provide public notice of open appointments.

4.29 Sec. 4. Minnesota Statutes 2024, section 383B.904, subdivision 1, is amended to read:

4.30 Subdivision 1. **Election.** (a) The officers of the board of the corporation shall consist of
4.31 the chair, vice-chair, secretary, treasurer, and other officers as the board shall from time to
4.32 time deem necessary. The board shall elect officers by a majority vote of the board at the

5.1 annual meeting, or in the case of the initial board, at the first meeting following appointment
5.2 by the county board. The county commissioner members of the corporate board are not
5.3 eligible to serve as officers of the corporate board.

5.4 (b) Any of the offices or functions, with the exception of the chair and vice-chair, may
5.5 be held or exercised by the same person.

5.6 Sec. 5. Minnesota Statutes 2024, section 383B.908, subdivision 5, is amended to read:

5.7 Subd. 5. **Financial oversight.** The county board shall approve the annual budget of the
5.8 corporation and receive an annual audited financial statement. The annual budget shall
5.9 address how efficiencies and revenues contribute to stabilize or reduce county liabilities for
5.10 indigent care. The county board shall also retain the right:

5.11 (1) to conduct an independent audit of the finances of the corporation; and

5.12 (2) in sustained conditions of financial distress, to modify the corporation's annual budget
5.13 as needed to respond to the corporation's financial condition while preserving access to
5.14 essential health services provided by HCMC.

5.15 Sec. 6. Minnesota Statutes 2024, section 383B.908, subdivision 7, is amended to read:

5.16 Subd. 7. **Dissolution or reorganization of corporation.** The county board shall retain
5.17 the right to dissolve the corporation, reorganize the corporation, or remove the entire
5.18 corporate board in order to resume management of and financial oversight over Hennepin
5.19 County Medical Center upon a two-thirds vote of the entire county board: if:

5.20 (1) the corporation experiences sustained conditions of financial distress, such as but
5.21 not limited to the corporation having an operating deficit of \$10,000,000 or greater;

5.22 (2) prior to taking any steps to dissolve the corporation, reorganize the corporation, or
5.23 remove the entire corporate board, the county board and the corporate board engage in
5.24 mediation in good faith. The attorney general may select an individual to serve as a mediator.
5.25 In the mediation, the parties must attempt to address the corporation's conditions of financial
5.26 distress through means other than dissolving the corporation, reorganizing the corporation,
5.27 or removing the entire corporate board; and

5.28 (3) the county board and corporate board are not able to agree via mediation on another
5.29 means to address the corporation's financial distress.

6.1 Sec. 7. Minnesota Statutes 2024, section 473.756, is amended by adding a subdivision to
6.2 read:

6.3 Subd. 15. **Qualifying government.** The authority is a qualifying government for purposes
6.4 of section 118A.09, subdivision 1. Whenever the authority's investments are managed by
6.5 the county, the authority's additional long-term equity investment limitations as provided
6.6 in section 118A.09, subdivision 3, are calculated based on the county's most recent audited
6.7 statement of net position instead of the authority's most recent audited statement of net
6.8 position.

6.9 Sec. 8. Minnesota Statutes 2024, section 473.757, subdivision 1, is amended to read:

6.10 Subdivision 1. **Ballpark grants.** The county may authorize, by resolution, and make
6.11 one or more grants to the authority for ballpark development and construction, public
6.12 infrastructure, capital improvement of the ballpark or public infrastructure within the
6.13 development area, reserves for capital improvements, and other purposes related to the
6.14 ballpark on the terms and conditions agreed to by the county and the authority, subject to
6.15 any applicable limits in subdivision 3a.

6.16 Sec. 9. Minnesota Statutes 2024, section 473.757, is amended by adding a subdivision to
6.17 read:

6.18 Subd. 2a. **Hennepin County health care facilities.** (a) To the extent money is available
6.19 from collections of the tax authorized by subdivision 10 after payment each year of debt
6.20 service on the bonds authorized and issued under subdivision 9 and payments for the purposes
6.21 described in subdivisions 1 and 2, the county must make grants to the board of directors of
6.22 an eligible health care facility in Hennepin County. The board of directors must use the
6.23 money only for the following purposes:

6.24 (1) the development, construction, improvement, and equipping of the health care
6.25 facilities;

6.26 (2) construction or renovation of public infrastructure to facilitate the development and
6.27 use of the health care facilities;

6.28 (3) accumulation of reserves for capital improvements to the health care facilities;

6.29 (4) reimbursement of uncompensated care provided in the health care facilities;

6.30 (5) operating expenses of the health care facilities; and

7.1 (6) the payment of the costs of issuing and financing any bonds issued pursuant to
7.2 subdivision 9.

7.3 (b) For purposes of this section, "eligible health care facility" means a nonstate
7.4 government teaching hospital with high medical assistance utilization and a level 1 trauma
7.5 center located in Hennepin County.

7.6 Sec. 10. Minnesota Statutes 2024, section 473.757, subdivision 3, is amended to read:

7.7 Subd. 3. **Expenditure limitations.** The amount that the county may grant or expend for
7.8 ballpark costs shall not exceed \$260,000,000. ~~The amount of any grant for capital~~
7.9 ~~improvement reserves shall not exceed \$1,000,000 annually, subject to the agreement under~~
7.10 ~~section 473.759, subdivision 3, and to annual increases according to an inflation index~~
7.11 ~~acceptable to the county.~~ The amount of grants or expenditures for land, site improvements,
7.12 and public infrastructure shall not exceed \$90,000,000, excluding capital improvement
7.13 reserves, bond reserves, capitalized interest, and financing costs. The authority to spend
7.14 money for land, site improvements, and public infrastructure is limited to payment of
7.15 amounts incurred or for construction contracts entered into during the period ending five
7.16 years after the date of the issuance of the initial series of bonds under Laws 2006, chapter
7.17 257. Such grant agreements are valid and enforceable notwithstanding that they involve
7.18 payments in future years and they do not constitute a debt of the county within the meaning
7.19 of any constitutional or statutory limitation or for which a referendum is required.

7.20 Sec. 11. Minnesota Statutes 2024, section 473.757, is amended by adding a subdivision
7.21 to read:

7.22 Subd. 3a. **Capital improvement grants.** Notwithstanding the limitations in subdivision
7.23 3, the county may make grants to the authority for capital improvement expenditures for
7.24 purposes permitted under subdivision 1. The amount of any grant to the authority for capital
7.25 improvement expenditures must not exceed \$7,000,000 annually. The grants are subject to
7.26 agreement under section 473.759, subdivision 3, and to annual increases according to an
7.27 inflation index acceptable to the county. Grant agreements are valid and enforceable
7.28 notwithstanding the fact that grant agreements involve payments in future years. The grants
7.29 do not constitute a debt of the county within the meaning of any constitutional or statutory
7.30 limitation or for which a referendum is required.

8.1 Sec. 12. Minnesota Statutes 2024, section 473.757, subdivision 4, is amended to read:

8.2 Subd. 4. **Property acquisition and disposition.** (a) The county may acquire by purchase,
8.3 eminent domain, or gift, land, air rights, and other property interests within the development
8.4 area for the ballpark site and public infrastructure and convey it to the authority with or
8.5 without consideration, prepare a site for development as a ballpark, and acquire and construct
8.6 any related public infrastructure. The purchase of property and development of public
8.7 infrastructure financed with revenues under this section is limited to infrastructure within
8.8 the development area or within 1,000 feet of the border of the development area. The public
8.9 infrastructure may include the construction and operation of parking facilities within the
8.10 development area notwithstanding any law imposing limits on county parking facilities in
8.11 the city of Minneapolis. The county may acquire and construct property, facilities, and
8.12 improvements within the stated geographical limits for the purpose of drainage and
8.13 environmental remediation for property within the development area, walkways and a
8.14 pedestrian bridge to link the ballpark to Third Avenue distributor ramps, street and road
8.15 improvements and access easements for the purpose of providing access to the ballpark,
8.16 streetscapes, connections to transit facilities and bicycle trails, and any utility modifications
8.17 which are incidental to any utility modifications within the development area.

8.18 (b) The county or any of its subsidiaries may acquire by purchase, eminent domain, or
8.19 gift the land rights, air rights, and other property interests within the county for health care
8.20 facilities and related infrastructure.

8.21 (c) To the extent property parcels or interests acquired are more extensive than the public
8.22 infrastructure requirements, the county may sell or otherwise dispose of the excess. The
8.23 proceeds from sales of excess property must be deposited in the debt service reserve fund.

8.24 Sec. 13. Minnesota Statutes 2024, section 473.757, subdivision 7, is amended to read:

8.25 Subd. 7. **Local government expenditures.** The county may make expenditures or grants
8.26 for other costs incidental and necessary to further the purposes of Laws 2006, chapter 257,
8.27 and this act and may by agreement, reimburse in whole or in part, any entity that has granted,
8.28 loaned, or advanced funds to the county to further the purposes of Laws 2006, chapter 257,
8.29 and this act. The county shall reimburse a local governmental entity within its jurisdiction
8.30 or make a grant to such a governmental unit for site acquisition, preparation of the site for
8.31 ballpark development, and public infrastructure. Amounts expended by a local governmental
8.32 unit with the proceeds of a grant or under an agreement that provides for reimbursement by
8.33 the county shall not be deemed an expenditure or other use of local governmental resources
8.34 by the governmental unit within the meaning of any law or charter limitation. Exercise by

9.1 the county of its powers under this section shall not affect the amounts that the county is
9.2 otherwise eligible to spend, borrow, tax, or receive under any law.

9.3 Sec. 14. Minnesota Statutes 2024, section 473.757, subdivision 8, is amended to read:

9.4 Subd. 8. **County authority.** It is the intent of the legislature that, except as expressly
9.5 limited herein, the county has the authority to acquire and develop a site for the ballpark
9.6 and public infrastructure, to enter into contracts with the authority and other governmental
9.7 or nongovernmental entities, to appropriate funds, to fund capital reserves and make capital
9.8 improvements, and to make employees, consultants, and other revenues available for those
9.9 purposes.

9.10 Sec. 15. Minnesota Statutes 2024, section 473.757, subdivision 9, is amended to read:

9.11 Subd. 9. **County revenue bonds.** (a) The county may, by resolution, authorize, sell, and
9.12 issue revenue bonds to provide funds to make a grant or grants to the authority and to finance
9.13 all or a portion of the costs of site acquisition, site improvements, and other activities
9.14 necessary to prepare a site for development of a ballpark, to construct, improve, and maintain
9.15 the ballpark and to establish and fund any capital improvement reserves, and to acquire and
9.16 construct any related parking facilities and other public infrastructure and for other costs
9.17 incidental and necessary to further the purposes of Laws 2006, chapter 257. The county
9.18 may also, by resolution, issue bonds to refund the bonds issued pursuant to this section. The
9.19 bonds must be limited obligations, payable solely from or secured by taxes levied under
9.20 subdivision 10, and any other revenues to become available under Laws 2006, chapter 257.
9.21 The bonds may be issued in one or more series and sold without an election. The bonds
9.22 shall be sold in the manner provided by section 475.60. The bonds shall be secured, bear
9.23 the interest rate or rates or a variable rate, have the rank or priority, be executed in the
9.24 manner, be payable in the manner, mature, and be subject to the defaults, redemptions,
9.25 repurchases, tender options, or other terms, as the county may determine. The county may
9.26 enter into and perform all contracts deemed necessary or desirable by it to issue and secure
9.27 the bonds, including an indenture of trust with a trustee within or without the state. The debt
9.28 represented by the bonds shall not be included in computing any debt limitation applicable
9.29 to the county. Subject to this subdivision, the bonds must be issued and sold in the manner
9.30 provided in chapter 475. The bonds shall recite that they are issued under Laws 2006, chapter
9.31 257, and the recital shall be conclusive as to the validity of the bonds and the imposition
9.32 and pledge of the taxes levied for their payment. In anticipation of the issuance of the bonds
9.33 authorized under this subdivision and the collection of taxes levied under subdivision 10,
9.34 the county may provide funds for the purposes authorized by Laws 2006, chapter 257,

10.1 through temporary interfund loans from other available funds of the county which shall be
10.2 repaid with interest.

10.3 (b) The county may, by resolution, authorize, sell, and issue revenue bonds to provide
10.4 money to finance all or a portion of the costs of county-owned or county-operated health
10.5 care facilities, including but not limited to site acquisition, site improvements, and other
10.6 activities necessary to prepare a site for development of health care facilities and to construct,
10.7 maintain, and improve health care facilities; establishing and funding any capital
10.8 improvement reserves; acquiring and constructing any related parking facilities and related
10.9 infrastructure; and for other costs incidental and necessary to further the purposes of this
10.10 act. The county may also, by resolution, issue bonds to refund the bonds issued pursuant to
10.11 this section. The bonds may be limited obligations, payable solely from or secured by taxes
10.12 levied under subdivision 10, and any other revenues made available under this act, and the
10.13 county may also pledge its full faith, credit, and taxing power as additional security for the
10.14 bonds. The bonds may be issued in one or more series and sold without an election. The
10.15 bonds must be secured, bear the interest rate or rates or a variable rate, have the rank or
10.16 priority, be executed in the manner, be payable in the manner, mature, and be subject to the
10.17 defaults, redemptions, repurchases, tender options, or other terms, as the county may
10.18 determine. The county may enter into and perform all contracts deemed necessary or desirable
10.19 to issue and secure the bonds, including an indenture of trust with a trustee within or outside
10.20 of the state. The debt represented by the bonds must not be included in computing any debt
10.21 limitation applicable to the county. Subject to this subdivision, the bonds must be issued
10.22 and sold in the manner provided in chapter 475. The bonds must recite that they are issued
10.23 under this act, and the recital is conclusive as to the validity of the bonds and the imposition
10.24 and pledge of the taxes levied for their payment. In anticipation of the issuance of the bonds
10.25 authorized under this subdivision and the collection of taxes levied under subdivision 10,
10.26 the county may provide money for the purposes authorized by this act, through temporary
10.27 interfund loans from other available county money which must be repaid with interest.

10.28 Sec. 16. Minnesota Statutes 2024, section 473.757, subdivision 10, is amended to read:

10.29 Subd. 10. **Sales and use tax.** (a) Notwithstanding section 477A.016, or other law, the
10.30 governing body of the county may by ordinance, impose a sales and use tax at the rate of
10.31 ~~0.15~~ 0.75 percent for the purposes listed in this section. The taxes authorized under this
10.32 section and the manner in which they are imposed are exempt from the rules of section
10.33 297A.99, subdivisions 2 and 3. The provisions of section 297A.99, except for subdivisions
10.34 2 and 3, apply to the imposition, administration, collection, and enforcement of this tax.

11.1 (b) The tax imposed under this section is not included in determining if the total tax on
 11.2 lodging in the city of Minneapolis exceeds the maximum allowed tax under Laws 1986,
 11.3 chapter 396, section 5, as amended by Laws 2001, First Special Session chapter 5, article
 11.4 12, section 87, or in determining a tax that may be imposed under any other limitations.

11.5 Sec. 17. Minnesota Statutes 2024, section 473.757, subdivision 11, is amended to read:

11.6 Subd. 11. **Uses of tax.** (a) Revenues received from the tax imposed under subdivision
 11.7 10 may be used for the following and for no other purpose:

11.8 (1) to pay costs of collection;

11.9 (2) to pay or reimburse or secure the payment of any principal of, premium, or interest
 11.10 on bonds issued in accordance with Laws 2006, chapter 257, section 12, and this act;

11.11 ~~(3) to pay costs and make expenditures and grants described in this section, including~~
 11.12 ~~financing costs related to them;~~

11.13 ~~(4)~~ (3) to maintain reserves for the foregoing purposes deemed reasonable and appropriate
 11.14 by the county;

11.15 ~~(5)~~ (4) to pay for operating costs of the ballpark authority other than the cost of operating
 11.16 or maintaining the ballpark; ~~and~~

11.17 ~~(6)~~ (5) to make expenditures and grants for youth activities and amateur sports and
 11.18 extension of library hours as described in subdivision 2;

11.19 ~~and for no other purpose.~~

11.20 (6) to make expenditures and grants for eligible health care facilities as described in
 11.21 subdivision 2a, including financing costs related to them;

11.22 (7) to make grants to the authority for capital improvement expenditures as authorized
 11.23 by subdivision 3a and for purposes permitted under subdivision 1; and

11.24 (8) to pay costs and make expenditures and grants for any other purpose described in
 11.25 this section, including financing costs related to them.

11.26 (b) Revenues from the tax designated for use under paragraph (a), clause (5), must be
 11.27 deposited in the operating fund of the ballpark authority.

11.28 (c) After completion of the ballpark and public infrastructure, the tax revenues not
 11.29 required for current payments of the expenditures described in paragraph (a), clauses (1) to
 11.30 ~~(6)~~ (8), shall be used to ~~(i)~~ (1) redeem or defease the bonds, and ~~(ii)~~ (2) prepay or establish
 11.31 a fund for ~~payment of future obligations under grants or other commitments for future~~

12.1 ~~expenditures which are permitted by this section. Upon the redemption or defeasance of~~
 12.2 ~~the bonds and the establishment of reserves adequate to meet such future obligations, the~~
 12.3 ~~taxes shall terminate and shall not be reimposed~~ reserves adequate to meet such future
 12.4 obligations. For purposes of this subdivision, "reserves adequate to meet such future
 12.5 obligations" means a reserve that does not exceed the net present value of the county's
 12.6 obligation to make grants under paragraph (a), clauses ~~(5)~~ (4) and ~~(6)~~ (5), and to fund the
 12.7 reserve for capital improvements required under section 473.759, subdivision 3, for the later
 12.8 of (i) the 30-year period beginning on the date of the original issuance of the latest-issued
 12.9 series of bonds issued pursuant to subdivision 9, less those obligations that the county has
 12.10 already paid, or (ii) the period extending through the final term of the agreement in section
 12.11 473.759, subdivision 4, as the agreement may be modified or extended from time to time.

12.12 Sec. 18. Minnesota Statutes 2024, section 473.759, subdivision 3, is amended to read:

12.13 Subd. 3. **Reserve for capital improvements.** The authority shall require that a reserve
 12.14 fund for capital improvements to the ballpark and public infrastructure within the
 12.15 development area be established and funded with annual payments of ~~\$2,000,000~~
 12.16 \$14,000,000, with the team's share of those payments to be approximately ~~\$1,000,000~~
 12.17 \$7,000,000, as determined by agreement of the team and county. The annual payments shall
 12.18 increase according to an inflation index determined by the authority, ~~provided that any~~
 12.19 ~~portion of the team's contribution that has already been reduced to present value shall not~~
 12.20 ~~increase according to an inflation index~~ county. The authority may accept contributions
 12.21 from the county or other source for the portion of the funding not required to be provided
 12.22 by the team.

12.23 Sec. 19. **CORPORATE BOARD OF HENNEPIN HEALTHCARE SYSTEM, INC.**
 12.24 **RECONSTITUTED AND OPERATIONAL.**

12.25 (a) For purposes of this section, "Hennepin Healthcare System, Inc." means the public
 12.26 corporation created under Minnesota Statutes, section 383B.901.

12.27 (b) By January 15, 2027, the Hennepin County Board of Commissioners must:

12.28 (1) reconstitute the corporate board of Hennepin Healthcare System, Inc. with members
 12.29 who meet the requirements in Minnesota Statutes, section 383B.904, subdivision 4; and

12.30 (2) complete the transition of governance of Hennepin Healthcare System, Inc. to the
 12.31 reconstituted corporate board.

13.1 Sec. 20. HENNEPIN HEALTHCARE STABILIZATION GRANTS.

13.2 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
13.3 the meanings given.

13.4 (b) "Commissioner" means the commissioner of health.

13.5 (c) "Corporate board" means the board established under Minnesota Statutes, section
13.6 383B.903 to govern Hennepin Healthcare.

13.7 (d) "County board" means the Hennepin County Board of Commissioners and its
13.8 members.

13.9 (e) "HCMC" has the meaning given in Minnesota Statutes, section 383B.902.

13.10 (f) "Hennepin Healthcare" means the public corporation created under Minnesota Statutes,
13.11 section 383B.901.

13.12 Subd. 2. Annual stabilization grants. The commissioner of health must award
13.13 stabilization grants to Hennepin Healthcare in fiscal years 2027, 2028, 2029, 2030, and
13.14 2031 to stabilize HCMC operations, avoid the closure of HCMC, ensure that HCMC
13.15 continues to provide high-quality care to patients, and preserve access to essential services
13.16 at HCMC that support the health care needs of the communities served by HCMC and of
13.17 the state of Minnesota. In order to receive grants in fiscal years 2028, 2029, 2030, and 2031,
13.18 Hennepin Healthcare must comply with the reporting requirements in subdivision 3.

13.19 Subd. 3. Reporting requirements; Hennepin Healthcare. The commissioner must
13.20 collect from Hennepin Healthcare any information necessary to complete the commissioner's
13.21 reporting requirements under subdivision 5. Such information must include, at minimum:

13.22 (1) in fiscal year 2027, a comprehensive financial analysis that describes the financial
13.23 stability of Hennepin Healthcare. The report must consider the core financial metrics of
13.24 Hennepin Healthcare, including expenses and staffing data; revenue, including payer mix;
13.25 utilization data; and other data determined by the commissioner;

13.26 (2) quarterly updates of financial information submitted under the hospital annual report
13.27 according to Minnesota Statutes, sections 144.695 to 144.703, on a schedule to be determined
13.28 by the commissioner;

13.29 (3) long-term capital spending priorities, including mandatory maintenance and
13.30 replacement of existing facilities and equipment; and

13.31 (4) in fiscal year 2027, a strategic plan for long-term fiscal sustainability and in
13.32 subsequent fiscal years, progress made toward achieving fiscal sustainability and any changes

14.1 made to the strategic plan to further promote long-term fiscal sustainability. The plan must
14.2 include, at minimum, detailed proposals to:

14.3 (i) ensure the continued operation of critical specialized services by Hennepin Healthcare
14.4 that are essential to Minnesota's comprehensive statewide hospital network of rural, regional,
14.5 and safety net hospitals; and

14.6 (ii) ensure long-term management stability of Hennepin Healthcare.

14.7 Subd. 4. **Notice by commissioner.** Within three days after receiving a notice from
14.8 HCMC provided under Minnesota Statutes, section 144.555, the commissioner must provide
14.9 notice of HCMC's planned actions to:

14.10 (1) the chairs and ranking minority members, or the cochairs, of the legislative committees
14.11 with jurisdiction over health and human services finance and policy; and

14.12 (2) the majority and minority leaders of the senate and the DFL caucus leader and GOP
14.13 caucus leader of the house of representatives.

14.14 Subd. 5. **Reporting requirements; commissioner and legislative auditor.** (a) By
14.15 January 15, 2027, and each January 15 thereafter until January 15, 2032, the commissioner
14.16 must report to the legislative committees with jurisdiction over health and human services
14.17 finance and policy on:

14.18 (1) the financial stability of Hennepin Healthcare and HCMC and recommendations for
14.19 steps to improve the stability of those entities; and

14.20 (2) the financial stability of hospitals statewide and recommendations for steps to improve
14.21 the stability of those entities.

14.22 (b) By January 15, 2027, and each January 15 thereafter until January 15, 2032, the
14.23 legislative auditor is requested to report to the legislative committees with jurisdiction over
14.24 health and human services finance and policy:

14.25 (1) on whether and the extent to which Hennepin Healthcare and HCMC have met the
14.26 requirements of this section to date and have adhered to the strategic plan for long-term
14.27 fiscal sustainability under subdivision 3, clause (4); and

14.28 (2) with an assessment of the overall financial health and stability of Hennepin Healthcare
14.29 and HCMC.

15.1 Sec. 21. ADVISORY TASK FORCE ON GOVERNANCE AND FINANCING OF
15.2 HENNEPIN HEALTHCARE SYSTEM, INC.

15.3 Subdivision 1. Establishment. The commissioner of health must establish an advisory
15.4 task force to develop recommendations for the legislature on the ownership, governance,
15.5 and financing of Hennepin Healthcare System, Inc. (Hennepin Healthcare), including its
15.6 integrated system of health care facilities and services that includes Hennepin County
15.7 Medical Center (HCMC). The advisory task force must evaluate options that recognize
15.8 HCMC as a regional and statewide public health and public safety asset that: (1) provides
15.9 critical health care services, including level I trauma care, hyperbaric medicine, treatment
15.10 services for burns and complex wounds, comprehensive cancer care, and accredited poison
15.11 control services; and (2) supports education and training of health care professionals in
15.12 Minnesota.

15.13 Subd. 2. Membership. (a) The advisory task force shall consist of the following members:

15.14 (1) the commissioner of health or a designee;

15.15 (2) the commissioner of human services or a designee;

15.16 (3) ... members appointed by Hennepin Healthcare to represent Hennepin County Medical
15.17 Center;

15.18 (4) ... members appointed by the Hennepin County Board of Commissioners;

15.19 (5) ... members appointed by the University of Minnesota with expertise in academic
15.20 medicine, hospital operations, or health system finance;

15.21 (6) the following members appointed by the commissioner of health:

15.22 (i) ... members representing a rural hospital or rural health system;

15.23 (ii) ... members representing an urban, nonprofit hospital other than Hennepin County
15.24 Medical Center;

15.25 (iii) ... members who are physicians licensed and practicing in Minnesota with experience
15.26 in emergency medicine, trauma care, critical care, or hospital medicine;

15.27 (iv) ... members who are registered nurses;

15.28 (v) ... members of organized labor representing hospital workers or health care workers;

15.29 (vi) ... members representing ambulance service providers or emergency medical services;

15.30 (vii) ... members representing a local public health department or community health
15.31 board;

- 16.1 (viii) members representing a federally qualified health center or other community
16.2 clinic serving low-income patients;
- 16.3 (ix) ... members who are consumer or patient advocates with experience accessing
16.4 services from a safety net hospital;
- 16.5 (x) ... members with professional experience in safety net hospital and clinical system
16.6 operations;
- 16.7 (xi) ... members with professional experience in health care finance and public health
16.8 care programs; and
- 16.9 (xii) ... members with professional experience in public sector governance and public
16.10 authorities;
- 16.11 (7) two members of the house of representatives, one appointed by the speaker of the
16.12 house and one appointed by the DFL caucus leader; and
- 16.13 (8) two members of the senate, one appointed by the majority leader and one appointed
16.14 by the minority leader.
- 16.15 (b) Members must be appointed to the advisory task force by August 1, 2026, and serve
16.16 until the advisory task force expires.
- 16.17 Subd. 3. **Governance; first meeting; chairperson.** (a) Compensation and removal of
16.18 members appointed under subdivision 2, paragraph (a), clauses (1) to (6), are governed by
16.19 Minnesota Statutes, section 15.059.
- 16.20 (b) The commissioner of health or the commissioner's designee must convene the first
16.21 meeting of the advisory task force by September 1, 2026. At its first meeting, the task force
16.22 must elect a chairperson from among its members.
- 16.23 Subd. 4. **Duties.** The advisory task force must:
- 16.24 (1) evaluate the current governance structure and financing of Hennepin Healthcare;
- 16.25 (2) evaluate whether public health care program reimbursement rates adequately
16.26 reimburse Minnesota hospitals for the cost of care provided;
- 16.27 (3) evaluate labor and workforce needs and challenges at Hennepin County Medical
16.28 Center;
- 16.29 (4) identify and evaluate Hennepin County Medical Center's capital, infrastructure, and
16.30 technology needs;

17.1 (5) evaluate governance and ownership models of health systems comparable to Hennepin
17.2 Healthcare;

17.3 (6) evaluate financing and funding mechanisms that would allow Hennepin Healthcare
17.4 to achieve sustainable, long-term financial stability;

17.5 (7) engage with public health leaders throughout the state; and

17.6 (8) develop specific recommendations for an ownership structure, governance and
17.7 oversight, and sustainable, long-term funding for Hennepin Healthcare. In developing these
17.8 recommendations, the task force must consider whether ownership of Hennepin Healthcare
17.9 should be transferred to an entity other than Hennepin County. These recommendations
17.10 must identify legislative changes needed to implement the recommendations and must
17.11 specify a process to implement changes to ownership, governance and oversight, and funding.

17.12 Subd. 5. **Data.** (a) The commissioner of health may request data and technical assistance
17.13 from state agencies, hospital systems, and other stakeholders as necessary to carry out the
17.14 duties of the advisory task force.

17.15 (b) Data provided to the commissioner under this subdivision retains its classification
17.16 under Minnesota Statutes, chapter 13, and any other applicable state or federal law.

17.17 Subd. 6. **Administrative support and cooperation.** The commissioner of health must
17.18 provide meeting space and administrative services for the advisory task force. State agencies
17.19 must provide technical assistance upon the request of the advisory task force.

17.20 Subd. 7. **Reports.** (a) By January 15, 2027, the advisory task force must submit an
17.21 interim report to the chairs and ranking minority members of the legislative committees
17.22 with jurisdiction over health and human services finance and policy. The interim report
17.23 must include information on the meetings and activities of the advisory task force to date
17.24 and plans for future meetings and work.

17.25 (b) By January 15, 2028, the advisory task force must submit a final report to the chairs
17.26 and ranking minority members of the legislative committees with jurisdiction over health
17.27 finance and policy and human services finance and policy. The final report must include
17.28 findings and recommendations on the subjects listed in subdivision 4.

17.29 Subd. 8. **Expiration.** The advisory task force expires June 30, 2028.

17.30 Sec. 22. **APPROPRIATIONS.**

17.31 (a) \$150,000,000 in fiscal year 2027 is appropriated from the general fund to the
17.32 commissioner of health for the hospital stabilization program under Minnesota Statutes,

18.1 section 144.5911. Notwithstanding Minnesota Statutes, section 16B.98, subdivision 14, the
18.2 commissioner may use up to \$..... of this appropriation for administration.

18.3 (b) \$150,000,000 in fiscal year 2027 is appropriated from the general fund to the
18.4 commissioner of health for a Hennepin Healthcare stabilization grant. Notwithstanding
18.5 Minnesota Statutes, section 16B.98, subdivision 14, the commissioner may use up to \$.....
18.6 of this appropriation for administration.

18.7 (c) \$..... in fiscal year 2027 is appropriated from the general fund to the commissioner
18.8 of health for the advisory task force on governance and financing of Hennepin Healthcare
18.9 System, Inc. This is a onetime appropriation and is available until June 30, 2028.

18.10 Sec. 23. **EFFECTIVE DATE.**

18.11 Sections 2 to 4, 7 to 15, 17, and 18 are effective the day following final enactment.
18.12 Section 16 is effective the day following final enactment and applies to sales and purchases
18.13 made after September 30, 2026."

18.14 Amend the title accordingly